

UNITED STATES DISTRICT COURT

for the

Middle District of Pennsylvania

United States of America

v.

Case No. 1:24-CR-00249

CHRISTOPHER STOVER

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay  
(name of person to be arrested) CHRISTOPHER STOVER ,  
who is accused of an offense or violation based on the following document filed with the court:

- ☒ Indictment    ☐ Superseding Indictment    ☐ Information    ☐ Superseding Information    ☐ Complaint  
☐ Probation Violation Petition    ☐ Supervised Release Violation Petition    ☐ Violation Notice    ☐ Order of the Court

This offense is briefly described as follows:

Possession of Stolen Mail

Date: 09/18/2024

s/Lisa Lombardi  
Issuing officer's signature

City and state: Harrisburg, PA

Lisa Lombardi, Deputy Clerk  
Printed name and title

Return

This warrant was received on (date) , and the person was arrested on (date) at (city and state) .

Date:

Arresting officer's signature

Printed name and title

**This second page contains personal identifiers provided for law-enforcement use only  
and therefore should not be filed in court with the executed warrant unless under seal.**

***(Not for Public Disclosure)***

Name of defendant/offender: \_\_\_\_\_

Known aliases: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Prior addresses to which defendant/offender may still have ties: \_\_\_\_\_

Last known employment: \_\_\_\_\_

Last known telephone numbers: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, tattoos, other distinguishing marks: \_\_\_\_\_

History of violence, weapons, drug use: \_\_\_\_\_

Known family, friends, and other associates *(name, relation, address, phone number)*: \_\_\_\_\_

FBI number: \_\_\_\_\_

Complete description of auto: \_\_\_\_\_

Investigative agency and address: \_\_\_\_\_

Name and telephone numbers (office and cell) of pretrial services or probation officer *(if applicable)*: \_\_\_\_\_

Date of last contact with pretrial services or probation officer *(if applicable)*: \_\_\_\_\_